Iowa Health and Human Services Alignment

Preliminary Change Package Stakeholder Feedback

December 2021

HEALTH AND HUMAN SERVICES ALIGNMENT BACKGROUND

Iowa's Departments of Human Services (DHS) and Public Health (IDPH) have explored and assessed the possibility to closer aligning their programs, services, and operations to better serve the health and human services needs of Iowans. For this effort, "aligning" means using, sharing, coordinating, or structuring two or more things (*e.g.,* programs, services, processes, technology, data, access points like buildings or websites) in new, more closely connected ways. After creating and implementing change teams and engaging internal and external stakeholders through interviews, surveys, and various meetings, the executive team guiding this effort made the informed decision to move forward with a single, integrated agency.

To move toward this single agency, all the feedback and recommendations collected from stakeholders and change teams was compiled and assessed to draft a preliminary change package. To gauge the level of agreement with the proposed changes, internal stakeholder feedback sessions and external stakeholder feedback sessions were implemented from mid-November through early December. During this time, a public comment portal was available for any stakeholder to provide their feedback about the preliminary change package. These opportunities were offered in addition to the contact us form on the alignment website that is always available for any questions, comments, or feedback. The feedback collected through these processes will help to inform the development of the final change package. In total, more than 300 comments were collected from a diverse group of stakeholders.

Feedback session attendees and public comment portal respondents were asked to share their thoughts about the five impact areas.

1. Implement an **integrated organizational structure** that brings like functions and services together
2. Draw on existing tools, partnerships and other assets to present Iowans with a **welcoming and efficient "front door"** to health and human services
3. **Closed loops and facilitate "warm handoffs"** to connect Iowans seamlessly to services and supports that are right for them
4. **Improve the use of data** to enable data integration, informed decision making, and seamless service to Iowans
5. Establish **shared vision, frameworks, and connection with the "big picture"** through routinized cross training, collaboration, and continuous improvement

Stakeholders were also encouraged to share any thoughts about the alignment, good or bad, and any questions they may still have. Please note that feedback shared in this report is sorted into impact area whenever possible.

Stakeholders that provided feedback through this process include:

- Advocate
- Behavioral Health Agency
- Board of Health
- Community Action Agency
- Iowan
- DHS Contractor/Partner/Provider
- DHS Staff Person
- IDPH Contractor/Partner/Provider
- IDPH Staff Person
- Local Public Health Agency
- Mental Health and Disability Services Region
- Nurse
- Service Provider
- State/County Worker

Additional information about public comment portal respondents and stakeholder feedback session attendees can be found in Appendix A.

It was clear through stakeholder feedback that there are expectations of Public Consulting Group (PCG), as a third part vendor, to do its due diligence to listen to all stakeholders and digest and consider feedback with the project teams in a meaningful way that will truly lead to the best outcomes for all Iowans and stakeholders.

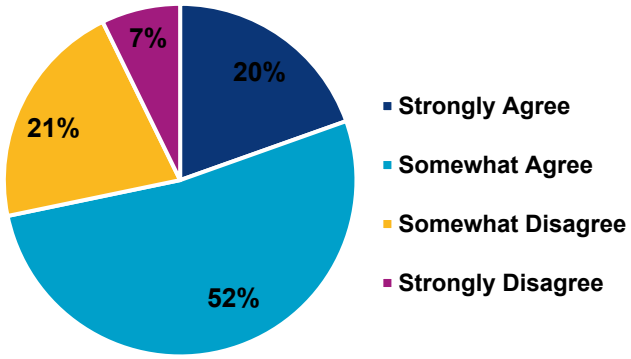
THEMATIC ANALYSIS

The following feedback was reported through the public comment portal and internal and external stakeholder feedback sessions. Feedback collected was analyzed for recurring themes. The comment portal provided space for respondents to report what they liked or did not like about the impact areas and recommendations proposed primary change package, in addition to any other thoughts or suggestions. None of the questions required a response, meaning that not everyone responded to all questions. In the stakeholder sessions, stakeholders were presented the preliminary change package and had the opportunity to respond to or ask questions about the proposed changes.

The public comment portal asked respondents to share how positively they view the proposed changes. Respondents identified if they strongly agreed, somewhat agreed, somewhat disagreed, or strongly disagreed that they felt positively about the changes. Of the 138 respondents that answered this question,

- **27** strongly agreed,
- **72** somewhat agreed,
- **29** somewhat disagreed, and
- **10** strongly disagreed.

Overall, most respondents (72%) indicated that to some extent they felt positive about the proposed changes.



IMPACT AREA: INTEGRATED ORGANIZATIONAL STRUCTURE

Supportive Feedback

- Use American Rescue Plan Act funds for strengthening the mobile crisis unit. Participants focused on the crisis unit being available to everyone, not only those that are income eligible.
- Administrative consolidation across the organizations
- Aligning policies, contract language, and processes alignment were all positives identified.
- Appreciation was expressed for DHS and IDPH embarking on this endeavor.
- Many have long believed that mental health and substance abuse being as intricately linked as they are, should be housed together. Stakeholders see great opportunity with the alignment of all behavioral health services and hope the alignment results in more opportunities to collaborate as providers in local communities (*e.g.,* primary care, mental health, substance abuse). There were requests that the documents define what is meant by behavioral health.
- There is excitement about alignment of IDPH and DHS food and nutrition programs and functions.
- Stronger collaboration between people with shared professional focus areas
- Improved communication within the departments, between departments, and with the public
- Considering a public health, prevention-focused framework, there was discussion about how this change presents an opportunity to shift away from a crisis service focus to a continuum of supports.

Considerations Related to Proposed Changes

- There was concern about the loss of specialization within the programs and departments. Some stakeholders pointed out that programs and staff are highly trained in their areas and are concerned that during alignment these programs may be watered down to cover more services, people, and/or areas.
- Data sharing would be beneficial, but it must be done in a way that is confidential, secure and ensures compliance with all laws regulating the data. Note that 42 CFR (Code of Federal Regulations Title 42) is more restrictive than the Health Information Portability and Accountability Act and as alignment occurs, data may become more restricted if programs/data are integrated.

- Staffing remains a concern for many. There are concerns that staff will lose their job or be reassigned to take on tasks they are not passionate about. There is already a labor shortage, and more may leave if the job they enjoy doing has to take on additional work, is outside of their interests, or there is a steep learning curve during the transition.
- The change package was reported to be heavy with DHS language and stakeholders wanted to see prevention take more of a central role in the alignment. Population health is the primary focus of public health and this needs to be made more clear through the document. In addition, local public health departments and other local stakeholder roles should be cited in the packet and more heavily included in the process.
- There is little mention of the impact of the alignment on programs that do not align or that are independent in the change packet.
- Ensure that the burden of data collection or integration does not increase the workload of the front-line providers and contractors.
- The impact of this plan on interaction with Managed Care Organizations is needed.
- There was discussion of aligning reimbursement rates and interest about what work has been done to look at the cost of the actual services and how to best align the rates to ensure that they are sustainable for the agencies that provide the services.
- Iowans will need to be made aware of the ongoing changes and how they will be impacted. A plan for this communication is needed.
- Staff experience (DHS and IDPH leadership as well as PCG) and research on other states who have completed similar integrations were frequently requested.
- There is concern among substance use disorder providers that their services are going to get lost in the mix during this integration.
- It needs to be clear where Mental Health and Disability Services Regions fit in this realignment.
- The implementation plan as published emphasizes strengths and possible benefits but does not address possible negative impacts.
- It will be imperative to pressure test these suggested changes for possible impacts to marginalized or underreported communities.
- There is a need for more integrated services/case management at the local levels, especially in rural areas, to provide more personalized/local contacts. More equitable access to services statewide is critical.
- A plan for increasing/enhancing (two-way) communication with local public health and referring the public to our services is needed. Consider HAN alerts in this plan.
- Ensure that the final change package is reviewed for literacy to make it approachable to all, including the non-English speaking population.
- It is important to include the voice of the customer from clients to local organizations on a continuum.
- Keep subject matter experts at the table who know how to effectively lead best practices associated with "diversity, equity, inclusion and belonging" in all strategic planning and actions.
- Do what is best for Iowans being served by the agency.
- There is hope that any savings money through this integrated department will be reinvested where most needed.

Considerations Related to the HHS Organizational Chart

- Substance use disorder and problem gambling treatment are specialized fields.
- Don't allow IDPH to be swallowed up by DHS, they should be seen as equals.
- Don't get rid of staff due to the alignment, use them in other ways if their duties are being duplicated.
- IDPH regional consultants and regional epis are invaluable to the work being done at the local public health level.
- Continuous quality improvement is critical for this change effort as well as in the new single agency structure.
- There is a need for all programs at each agency to be represented in the change package.

- Collaboration is essential in this new organization and to avoid siloing of programs.
- Updated organizational charts are not available to the public making it hard to provide feedback on the structure.
- There is a need for more transparency around the new organizational chart.
- Public health is largely funded by federal grants, consider how moving around programs could have a negative impact.
- Health equity should be infused throughout the new organization.
- Someone with health expertise needs to have access to the governor. Consider having someone in the medical director position that has a comprehensive public health background.

IMPACT AREA: WELCOMING AND EFFICIENT "FRONT DOOR"

Supportive Feedback

- The front door approach was mentioned as a positive, noting that ensuring there are both technological front door options (*e.g.,* online, phone, text) and at least one in person option in each county as not everyone has access or the ability to use technology to access information.
- There was appreciation for an implied improvement of reaching a 'real' person when contacting DHS for public service needs instead of someone being bounced around by automated messages. Currently it is a struggle for community members to reach someone and get individualized help in applying for or accessing services.
- Stakeholders like the idea of making it easy for families and keeping families at the center as we think about how to structure and have cross-functional teams.
- Share data and documentation to avoid recollecting contact information or other basic data. Data sharing may help families not to have to reshare difficult information with everyone they speak with.
- Expanding Your Life Iowa and integrating programs like the United Way 2-1-1 line.
- Create a universal landing page for both programs would create a streamlined entry point. Integrating a universal screening would also be beneficial, particularly if it could be self-administered during the entry.
- Public-private partnerships were supported as a promising plan. Attention should be paid during this alignment to the current partnership landscape, high workload and burden on community organization (*i.e.,* will they have capacity for the influx of referrals?), and that any of this additional work on the local health department/organizations is funded and not a "partnership."

Considerations Related to Proposed Changes

- Ensure that in-person assistance is available and that there are service navigators available for everyone that needs it.
- There will be a very large financial cost to complete this integration and ultimately it may cost more to correctly staff the programs. The changes must also occur slowly and deliberately with clear communication to prevent alienation of staff and lower quality services.
- In creating no wrong door, there needs to be assurance that families do not encounter too many doors. Families may be presented with too many options making it difficult for them to know what programs/services they need or are best suited for. People may be overwhelmed with the number of items and have a difficult time actually identifying what is helpful if everything is in one place.
- There are many languages in some counties, so there needs to be consideration for how all Iowans will be able to access call centers. This should be a consideration for all communications (*e.g.,* different languages, captioning, American Sign Language, plain language).
- Consider creating an effective and well-staffed communication team that aligns messages from the state to local levels with accuracy and effectiveness. Communication has been a challenge and that has become more apparent during COVID-19.
- The central phone idea sounds great, but there are concerns that it will be a case of "over promise and under deliver." Rural areas struggle to connect people to services. In addition, people in a call center may not be aware of the services that are and are not available in different parts of the state.

- It is important to think about how this “front door” approach might work in a rural county versus a metro area. Rural areas need more consideration. This alignment focuses on centralizing many things and this could have a negative impact on rural counties that already have to travel a distance for some services. There needs to be representation from rural areas in the committees to ensure their voice is heard.
- Consider through this alignment what would happen at the "front door" for local public health agencies when there is very little DHS presence in a county. Local public health agencies are often small and would need increased capacity (*e.g.,* funding, staff) to take on this extra burden.
- There should overall be more involvement of the local health departments in this discussion and a stronger focus on prevention.

IMPACT AREA: CLOSED LOOPS AND WARM HANDOFFS

Supportive Feedback

- Aligning data systems to allow for simplified data sharing
- Communication among staff at all levels
- Buy in from providers in this process will make it successful
- Improved screening (quicker, easier, more accessible)
- Creation of a service navigator corps
- Stakeholders and Iowans are hopeful for a more coordinated care coordination and case management system.
- Dallas County has had a Health Navigation program within their Health Department for about 10 years, funded through a grant. This could be used as a guide for a state service navigation program.

Considerations Related to Proposed Changes

- There are existing strains between staff from various agencies (local and state) that need to be put aside for the greater good of Iowans.
- It will be important to ensure that people continue to work within their expertise and are not asked to complete duties that fall outside of that.
- Consider the possible increased workload at the local level as a result of these changes.
- Be sure that smaller programs, agencies, organizations are not taken over in this effort but are engaged.
- Ensure continued review of program services array to avoid duplication of services.
- Access to services is already difficult, be sure it is not made more challenging through this alignment.
- It would be valuable to know how billing will work if one entity has to complete work for another entity as part of the shared services and knowledge.
- There is concern that care coordination alignment seemed to be state-centric and not inclusive of existing or future partnerships with providers. State, Managed Care Organizations, and provider roles will need to be better defined and the best way to access care coordination as part of this process.
- There is a need to revisit the case management done by Managed Care Organizations.
- Case management has been a concern at local public health. Before Medicaid privatized, there were case managers in local offices to help but many were when Medicaid privatized. There was a great deal of turnover because of the case load that people had at Managed Care Organizations and continuity could not be maintained. This contributed to folks falling through the cracks.

IMPACT AREA: IMPROVED USE OF DATA

Supportive Feedback

- Better service and experience for families and individual if information is effectively and safely shared
- Collect and share data across units to identify trends, gaps and opportunities.

- The idea of fewer forms/a single application is a good one and will allow for Iowans to be better served and will limit the number of times a family has to repeat their story/history.
- Improved data sharing to support programmatic capacity to plan, implement and evaluate IDPH and DHS services
- Reducing barriers by integrating IDPH and DHS data
- Modernize and connect eligibility systems

Considerations Related to Proposed Changes

- Data confidentiality must be maintained and that should be considered when contemplating data sharing.
- Consider how data sharing will impact grant reporting.
- The cost for streamlining all data systems is likely to be great.
- Merging the various, complex data systems will prove challenging.
- Be sure the “single application” is not overly onerous for the client.
- Remember those Iowans that don’t have reliable or any access to the internet and other technology. These changes need to be universally accessible.
- Consider the ramifications to Iowans if a mistake is made.
- There was no mention of the importance of and integration of basic public health surveillance data systems with the service data. Public health focuses on monitoring health status of the overall population not just populations that receive services. It will need to be clear where that basic population-level function fits into the new structure.
- There is interest in knowing, based on collective data points from each agency, what some of the major issues are that have already been identified in the State of Iowa as top priority health issues amongst populations.
- There is a need for a strong matrix to ensure compliance and fidelity of how all resources are being utilized and disseminated as equally as possible. Strong performance outcome measures should be established to verify that the one agency approach is having the intended impact within government clear through the local level. There will always be seen and unforeseen growing pains but with a strong check and balance this will create an environment of success.
- Existing data systems in local public health don’t speak to each other. There is interest in whether there is a plan to get these systems to talk to each other and how all the shared data would be used to improve decision making statewide.
- In state and local public health, there is an investment in ensuring those with the highest need and the greatest barriers are reached, their voices are heard, and equity for the most vulnerable is advanced. Many of those are immigrants, refugees, undocumented folks, LGBTQ folks, etc. It's noted that IDPH and DHS data will be integrated to identify and track the highest need families. Consider the fact that many of those with the highest need will not be on Medicaid (due to choosing not to interact with government or being ineligible), and that some of the most vulnerable in our communities may be hesitant to interact with local public health due to its association with DHS.
- The data collection process falls on the back of providers and stakeholders. These people spend incredible amounts of time gathering that data, which ultimately leads to fewer services for patients.
- Overall, the preliminary change package indicates many enhancements to direct services, which takes a lot of staff time to do but the information generated is rich public health data to understand and tell stories with at the local level to facilitate change. The design of this 'system' to collect the information and disseminate to stakeholders and communities is just as important as carrying out the service. Focus on more efficient data sharing to local public health and empowering us to be those change agents.
- These two agencies have different processes and procedures for data sharing. It will be important that a streamlined process is developed for local public health for data sharing.
- There are hopes that DHS and IDPH data integration will improve timely data availability.

IMPACT AREA: SHARED VISION, FRAMEWORKS, CONNECTION WITH THE "BIG PICTURE"

Supportive Feedback

- Cross-training/offering an array of educational opportunities to learn what others do is critical for state staff and external partners.
- Ensuring compliance with the Americans with Disabilities Act and 508 standards
- There was great support for developing a shared vision, mission, and strategic priorities as well as connecting the "big picture."
- Continuous quality improvement should be a primary focus for this integrated agency and there is excitement about its inclusion in the recommendations.
- Ensuring health equity is a priority for all
- The aligned strategic plan will play a significant role in the roll out of this effort.
- There is excitement that prevention is a focus and would like to see that better highlighted in the final change package.
- This is a good start at improving services and creating a "one stop shop."

Considerations Related to Proposed Changes

- We should not be led by the loudest voice in the room, this should be a wholly collaborative effort.
- There needs to be buy in to the "big picture" at the local level to be successful.
- Accountability is imperative.
- Remember that if this fails, or a mistake is made, it can negatively impact the people of Iowa in many ways.
- Staff capacity for ongoing training/education and meetings could be a challenge.
- There is concern that smaller programs or those with the least financial backing will be lost.
- Local public health has concerns that they have not been engaged through this process.
- "State staff" language is used in this document and leads external stakeholders to believe they are being left out.
- Stakeholders need to know how they'll be involved in this process moving forward.
- Workforce development should focus on the development of public health skills among Iowa's full integrated workforce and not just licensed public health professionals.
- Public health policy should be a cornerstone of the new department infrastructure, including being an advocate for a Health in All Policies approach to governance.
- Yes, equity is critically important when we think about access to care/services but basic equity beyond access is the basis of improving community/population health. The mission of the combined agency should address upstream factors, root causes, etc.
- Health equity should be used as a guide for everything in this plan, but it is not mentioned much. Equity should be considered throughout the plan, the process, and the results.
- The challenges around using consistent templates and language can and will be massive, just in terms of looking at the hundreds of forms used, websites, IAC, and Administrative Rules, etc. It is critical that there is agreement about how the integrated agency will speak before beginning to incorporate those changes and uniform concepts.
- There is no overall framework that emphasizes that public health (*e.g.,* Public Health 3.0) is about improving the lives of all Iowans and not just those that need services.
- Many local public health stakeholders feel as if the public health is being pushed into human services.
- There is a need to elaborate in the final change package on how greater population health strategies (e.g., prevention, chronic disease control) will be fully integrated and strengthened.
- The new infrastructure could use a process improvement framework like Lean Six Sigma, to effectively address issues that rise to the top. In particular, doing root cause analysis, understanding the "why", looking at the big picture and leaning into subject matter experts.
- There is concern that this alignment will be so worried about the 'whole' picture that individualized in-home assistance, focus and services may be impacted or sacrificed.

- It is a worry that rural counties may be marginalized in order to make larger communities and cities visions work.

ADDITIONAL THEMES NOT SPECIFIC TO A MAJOR IMPACT AREA

- Don't let either organization get lost in this process.
- Better communication is needed throughout this process.
- People want to feel like their feedback matters and want to be more engaged in this process
- Community providers need to be engaged to understand the impact of these changes and what is actually feasible at the local level.
- Consider how this alignment will create different challenges for rural versus urban areas.
- These are great ideas, but there is concern that they may not come to fruition.
- There are cultures within each department, and it should be a priority to ensure that is not lost.
- There was mixed feedback between wanting all the details in the final change package and wanting something more simple/high-level.
- Prevention should be a priority for both agencies and should be a cornerstone for the integrated agency.
- Public health doesn't just serve those in need, but all Iowans and that is left out of the plan.
- Evaluation of changes will need to be conducted to ensure the intended outcomes are being seen and adjustments should be made if they are not.
- Reduce duplication of services so that money can be re-invested where it is most needed.
- Many shared their displeasure with Managed Care Organizations.
- Most of the proposed changes impact the local level significantly. There is concern from local public health administrators about not being part of the process or the preliminary change package. Local stakeholders are also concerned about the potential burden of additional work and the cost to their organizations as a result of these changes.
- There is no mention of many national public health initiatives to include the 10 essential services which emphasizes equity, Public Health 3.0, population health, aging in place efforts, and social determinants of health.
- The timing of things is difficult at the local level-working through process coming out of pandemic (*e.g.,* vaccination, pandemic work, core public health function).
- Regional community health consultants are important at the local level because they are the liaison for everything. They are the go-to people who know local public health, listen to local public health, and understand complexities. If those key roles are taken away, it will be a great challenge.
- There is concern that the decision makers for this effort have not worked in the field or have never been boots on the ground.
- Regional epidemiologists are essential to local public health function and support of their efforts. These positions need to remain in the new framework.
- The language that is used in this public document is very DHS/service focused. The language has to reflect the mission of public health. Just because people think its implied is not enough.
- The Community Health Needs Assessment Health Improvement Program process should fit into this change
- To help all Iowans, we should reflect on how the integrated agency will support community health. Workforce health should be included in “all Iowans.” There needs to be an upstream approach.
- There is interest in how this will impact remote working and if that will continue/be an option.
- There was a consistent need for reassurance that this effort is not about cutting costs or staff.
- Collaboration with Tribal government/Indian Public Health should be included in the document.
- There should be a list of staff who have been directly involved in this process and their role.
- Minoritized groups and how this plan addresses their needs should be outlined in the plan.
- Sustainability and succession planning would be valuable to highlight.
- For areas like public health and disaster preparedness that are outside of the scope of this merger, there is interest in how this will impact reporting structure.

- There are concerns about substance use disorder Medicaid rates continuing to be ignored even though they have not been increased for over 20 years.
- The future of funding and how it will be shifted to support both departments as there is transition to one department was a key theme. There are concerns that this merger may lead to another layer that further removes funding from direct services.
- Stakeholders are interested in the end state for data, applications, and infrastructure.
- There are a number of “in-flight” and planned initiatives happening at the same time as this alignment, so this may be a lot of change happening at once for some folks.

APPENDIX -- PUBLIC COMMENT PORTAL RESPONDENT/FEEDBACK SESSION BREAKDOWN BY ROLE

Public Comment Portal Respondents

Role	Number of respondents identifying with role	Percentage of Responses
Advocate	4	2.7%
Behavioral Health Agency	16	10.7%
Board of Health	3	2.0%
Community Action Agency	8	5.3%
Iowan	34	22.7%
DHS Contractor/Partner/Provider	19	12.7%
DHS Staff Person	27	18.0%
Did not identify	9	6.0%
IDPH Contractor/Partner/Provider	19	12.7%
IDPH Staff Person	17	11.3%
Local Public Health Agency	22	14.7%
MHDS Region	2	1.3%
Nurse	5	3.3%
Service Provider	6	4.0%
State/County Worker	13	8.7%
Total	**204***	

*Please note that the total number of respondents identifying with a role (204) exceeds the total number of public comment portal responses (150) because respondents were able to identify with more than one role.

Stakeholder Feedback Session Attendees

Agency	Number of Attendees	Percentage of Attendees
DHS Staff	428	34.2%
IDPH Staff	201	16.1%
External Stakeholders	622	49.7%
Total	**1,251**	